



**HEALTH PROFESSIONS EDUCATION FOUNDATION
BOARD OF TRUSTEES MEETING**

Virtual Meeting
January 13, 2021
10:00 a.m. – 2:00 p.m.

Members of the Board present:

Alexander Ding, MD
Audrey Dow
Dev GnanaDev, MD
Randy Hawkins, MD
William C. Hendry
Shaheen E. Lakhan, MD
Nuriel Moghavem, MD, President
Jacqueline Rangel
Brenda Wright
Jasmeet Bains, MD, Ex Officio

Members of the Board absent:

Aaron Byzak
Cynthia J. Cotharn MD

Staff to Board:

Caryn Rizell, Acting HPEF Executive Director
Charise Frisch, HPEF Executive Assistant

Additional OSHPD Staff:

Elizabeth Landsberg, OSHPD Director
Monica Erickson, OSHPD Deputy Director-
Administrative Services Division
Michelle Church-Reeves, OSHPD Legal Counsel

AGENDA ITEM 1: Call to Order

President Moghavem called the meeting to order at 10:00 a.m.

AGENDA ITEM 2: Roll Call

Charise Frisch performed the roll call, and a quorum was present.

AGENDA ITEM 3: Welcome

New Board of Trustee Members introduced themselves and were sworn in by OSHPD Director Elizabeth Landsberg. The new Members are Brenda L. Wright and Jacqueline G. Rangel. Jasmeet Bains is an Ex Officio Board Member.

AGENDA ITEM 4: OSHPD Director's Report

Elizabeth Landsberg, Director of the Office of Statewide Health Planning and Development (OSHPD), reported.

In response to Board Member GnanaDev's inquiry, Ms. Landsberg indicated she has been asked to review Health Professions Education Foundation (HPEF) programs and determine if

efficiencies can be made. The process is just beginning, and there are no concrete proposals at this time.

Elizabeth Landsberg introduced herself as the new OSHPD Director. She discussed OSHPD COVID-19 activities, OSHPD state budget, changes in the housing of OSHPD and request for all State departments to cut their budget by 5 percent. In response to Dr. GnanaDev question she was unable to confirm the impact of the new OSHPD housing on HPEF.

Ms. Rizell added that one HPEF staff member was involved with contact tracing at one point, but the person has moved to another opportunity.

President Moghavam noted that OSHPD will have to make tough decisions to find the five percent reduction. The HPEF Board of Trustees (Board) would appreciate a discussion of any reductions in HPEF staff. The number of HPEF staff positions has been reduced in the past few years. He hopes to maintain the current staff so that the Board can fulfill its mission.

AGENDA ITEM 5: Executive Director's Report

Caryn Rizell, HPEF Acting Executive Director, advised that the application cycle for loan repayment programs has closed, and staff is notifying recipients of their awards. The goal is to have all grant agreements executed in April or May. In the Allied Healthcare Loan Repayment Program (AHLRP), 59 eligible applications were submitted, and 45 awards will be made. In 2020, 36 awards were made. In the Bachelor of Science Nursing Loan Repayment Program (BSNLRP), 360 eligible applications were submitted, and close to 160 awards will be made. In 2020, 142 awards were made. In the Licensed Mental Health Services Provider Education Program (LMHSPEP), almost 600 eligible applications were submitted, and 500 awards will be made. In 2020, slightly more than 700 awards were made. In the Licensed Vocational Nurse Loan Repayment Program (LVNLRP), almost 90 eligible applications were submitted, and 18-20 awards will be made, which is roughly the same as in 2020. Additional funding for the LMHSPEP significantly increased the number of 2020 awards.

The cycle for the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP) opened in December 2020 and closed in January 2021. Almost 80 applications were submitted, which is less than the number submitted in 2020. In 2020, 120 applicants received awards. Staff contacted some applicants who did not complete their applications and learned that the applicants could no longer serve in underserved areas or have moved out of California because of COVID-19.

The application cycle for scholarship programs opened on January 4, 2021. Approximately 1,800 individuals searching for scholarships have utilized the Eligibility Quiz, and almost 1,700 of those individuals were deemed eligible to apply for scholarships. Hopefully, the number of eligible applications will increase through applicants' use of the Eligibility Quiz.

Currently, the recruitment process is underway for two vacant Program Officer positions, and hopefully they will be filled in February.

In reply to Board Member Dow's inquiries, Ms. Rizell related that each program is different, but most loan repayment and scholarship programs allow applicants to receive multiple awards. In this cycle, maybe 10 to 20 percent of applicants have previously received an award.

Board Member Dow introduced herself as Senior Vice President at the Campaign for College Opportunity, where she works on higher education policy and advocacy, including healthcare workforce and pipeline development.

In answer to Board Member Rangel's questions, Ms. Rizell related that use of the Eligibility Quiz for loan repayment programs has been tremendous. Staff has posted the STLRP and other programs to the grants.ca.gov website and advertises it with the Medical Board and stakeholders in monthly announcements.

President Moghavam remarked that the decline in STLRP applications underscores the need for outreach and an Outreach and Marketing Director. He suggested staff reopen the STLRP cycle for two weeks to increase the number of applications.

Board Member GnanaDev commented that COVID-19's impacts on medical professionals and facilities have been disastrous. Reopening the cycle and increasing marketing are good ideas. The CalHealthCares loan repayment program, operated by Physicians for a Healthy California, offers significantly higher awards than the STLRP. Ms. Rizell added that two recipients have declined STLRP awards in favor of CalHealthCares.

Board Member Hawkins concurred with attempting to obtain more STLRP applications. In response to his question, Ms. Rizell indicated scoring applications from an extended cycle is not a concern as many people have assisted with scoring.

Ms. Rizell advised that staff can reopen the cycle for a month and complete the awards prior to the end of the fiscal year. Ms. Landsberg asked board members to help provide outreach when the cycle is open again.

Board Member Wright asked about our marketing strategy and community engagement plan and volunteered to work in this area. President Moghavam stated he is not aware of HPEF having an in-depth marketing strategy. An Outreach and Marketing Director and the advisory committees will be key components of a marketing strategy. The Board is awaiting the Governor's appointment to the Outreach and Marketing Director position.

Board Member Bains suggested asking recruiters for Federally Qualified Health Centers (FQHC) to include information about loan repayment programs in recruitment packages. The programs are incentives for recruits to work in underserved areas.

Board Member Rangel offered to share information within the FQHC world and support development of a social media strategy.

Board Member Lakhan loved the idea of contacting recruiters. Google offers grants consisting of targeted advertising. LinkedIn is another method for active marketing programs. Both Google and LinkedIn will likely generate more interest than posts to social media. HPEF is not only improving healthcare in underserved areas but also lifting a burden from medical professionals and removing a barrier for their service. Reaching out to residency directors could generate interest. Perhaps the Board could convene a committee to work on marketing until a director is hired.

President Moghavam inquired regarding interest in forming a committee to work with Ms. Rizell and staff on an outreach and marketing strategy.

In response to Board Member Dow's query, President Moghavam clarified that the committee would be an ad hoc committee. If there was interest in the future, it could become a standing committee.

Board Members Wright and Lakhan volunteered for the ad hoc committee.

Motion (Moghavam), Second (Dow), Motion approved with nine in favor and zero abstentions.

President Moghavam advised Board Members Wright and Lakhan that they would be working with Ms. Rizell due to the Brown Act's requirements for public meetings. An update can be placed on the agenda for the next meeting.

In answer to Board Member Hawkins' question, President Moghavam believed Board Member Wright's participation on the ad hoc committee would be beneficial in thinking about potential donors and building community networks. Development and marketing will be one joint effort.

AGENDA ITEM 6: Approval of the Minutes of the November 4, 2020 Meeting

Board Member Hawkins noted the minutes reflect the Board's extensive discussions of issues within HPEF. He inquired whether board members have concerns about the minutes documenting these issues, which some may consider deficiencies.

President Moghavam recalled the Board's previous discussions about the need for detailed minutes, but there are some tradeoffs with having detailed minutes.

Board Member Ding indicated the detailed minutes are helpful when he thinks about the Finance Committee's work and the commitments and follow-up items made in previous meetings. However, there are risks to overly reporting details.

Board Member Hendry concurred with Board Member Ding and commended Board Member Hawkins on the thoroughness of the minutes. They provide goalposts that have not been previously stated and memorialize the important issues and steps taken.

President Moghavam related that extensive minutes are helpful for new board members. As a transcript of the meeting, the minutes provide access for members of the public. The minutes may be less detailed if board members in the future wish.

Board Member Rangel agreed that the minutes helped her come up to speed. Outside the meeting, she wanted to discuss the financial issues with Ms. Rizell or President Moghavam to ensure her complete understanding of the issues.

Motion (Ding), Second (Hendry). Motion approved with eight in favor and one abstention.

President Moghavam reported Agenda Item 10 will be heard promptly at 11:45 with Agenda Item 9 following immediately thereafter. Due to time constraints, Agenda Item 8 will be heard next.

AGENDA ITEM 8: Discussion and Approval of HPEF Bylaws Proposed Changes

Board Member Dow recalled that the Board's intent in revising the Bylaws was to establish a new office of Vice President to support President Moghavam and to preside in the President's

absence. A review of the Bylaws revealed that many provisions need clarification. Final draft Bylaws will be presented to the Board for approval in March 2021.

The Bylaws Committee recommends clarifying terms, and aligning and reordering provisions with statutes and regulations. An Executive Committee, a Finance Committee, and a Development Committee have been included in the Bylaws as standing committees, but the charges for the committees are still being drafted. The Board may form additional standing committees. The office of Vice President has been added to the Bylaws. The terms for Vice President, Secretary, and Treasurer have not been defined at this time. The term of the Chair is the duration of his service on the Board. Board Member Dow recommended not allowing officers to hold concurrent positions as positions require a great deal of time.

Board Member GnanaDev felt it is understood that Finance Committee members will not serve as President. He appreciated Board Member Dow's work on the proposed changes.

President Moghavam thanked Ms. Rizell and Ms. Church-Reeves for facilitating the proposed changes. He requested the draft Bylaws be provided to board members a week prior to the March meeting. Revision of the Bylaws is a key piece of renewing the organization's energy and structure.

Board Member Dow indicated board members will receive a redline version of the Bylaws and a cover memorandum detailing revisions and discussion points.

The Board recessed and reconvened.

AGENDA ITEM 10: Presentation on Mental Health Workforce in Rural California

President Moghavam welcomed Dr. Harvey. This item is part of his program to improve the Board's knowledge of issues and people in the community. Dr. Harvey has served as a consultant to the Assembly and Senate, holds a doctorate degree in psychology, and trained at the University of Southern California Children's Hospital Los Angeles and the University of California, Los Angeles Mattel Children's Hospital.

Le Ondra Clark Harvey, Ph.D., California Council of Behavioral Health Agencies (CBHA) Chief Executive Officer, introduced Rob Lane of CBHA. She indicated she is a clinician at heart and a psychologist by training and has worked in hospitals, State mental health institutions, and community-based settings. She moved from treatment to policy and advocacy because she wished to represent her former clients rather than becoming another provider on the verge of burnout because of the lack of resources. She has served on national boards and as chief policy consultant at the State Capitol and Director of Policy and Legislative Affairs at CBHA. In addition, she received an HPEF award but had to return the award because she chose to work in policy. She has two children under five years of age.

Rusty Selix, the founder of CBHA, was important in laying the groundwork for important initiatives such as Proposition 63. Dr. Clark Harvey shared CBHA's mission and vision, member agencies, 2021 policy priorities which include workforce, and advocacy.

COVID-19 has impacted the workforce through the loss of 2.6 million jobs in California between February and April 2020, a 25 percent increase in billionaires' net worth during the first three months of the pandemic, corporations paying significantly less federal tax, and job loss in low-paying industries. As billionaires' net worth increases, the Mental Health Services Act (MHSA)

Fund can recover and grow. Behavioral healthcare providers in rural communities have high needs but few resources. More than 6 percent of rural Americans reside in health professional shortage areas, but 90 percent of psychologists and psychiatrists and 80 percent of social workers practice exclusively in metropolitan areas.

In preparation for this presentation, Dr. Clark Harvey consulted with some CBHA member agencies located in rural areas. They related to her that the challenges with retaining staff include salary competition with neighboring counties, limited access to educational and professional development opportunities, lack of childcare, lack of affordable and market-rate housing, and recruiting and retaining staff in Tulare County. They have not heard about HPEF and its programs, wanted information about qualifying direct-care positions, suggested scholarship programs are designed for higher-level healthcare providers who may want more than a rural community can provide, suggested HPEF highlight the benefits of living in a rural area, and suggested HPEF communicate directly with agencies' directors and human resources staff. CBHA will happily partner with HPEF to share information with its member agencies.

Dr. Clark Harvey suggested the Board consider additional outreach strategies of developing career ladders in rural areas, recruiting and fostering the career development of individuals native to an area, and focusing on workforce development within tribal healthcare systems and State hospitals.

In reply to Board Member GnanaDev's inquiry, Dr. Clark Harvey suggested an increase in disciplinary problems in rural areas may result from a clinician's feeling of isolation or lack of a network. With the increase in virtual meetings, a virtual group could provide support for clinicians who are having disciplinary issues. Board Member GnanaDev agreed that the lack of support in rural areas is the likely cause.

In answer to President Moghavam's query, Dr. Clark Harvey recommended HPEF work with tribal advocacy groups and tribes to identify service providers and potential training sites.

Board Member Bains shared her experience with the American Indian Health Service. Tribal healthcare systems will be a huge area for collaboration regarding mental healthcare workforce. Dr. Clark Harvey remarked that Native American health centers and other federally mandated centers are great places for trainees.

Board Member Wright related her experience conducting assessments in tribal areas and concurred that HPEF should reach out to tribal health centers.

In response to Board Member Hawkins' question, Dr. Clark Harvey indicated CBHA works to bolster the mental health workforce and explores integrated care. CBHA advocates for healthcare teams or a patient's healthcare professionals connecting on his behalf. Integrated healthcare is coming, but it cannot wait for professionals to complete their many years of training.

Ms. Landsberg thanked Dr. Clark Harvey for an excellent presentation and offer to partner with HPEF.

President Moghavam invited Dr. Clark Harvey or a member of her staff to join the advisory committee for mental health.

AGENDA ITEM 9: Presentation on HPEF Retention Survey Results

Phil Morris, OSHPD Research Scientist III, presented an update of the 2019 survey data. The primary objective of the survey is to determine the number of award recipients who remain in their service-obligated medically underserved area (MUA) following completion of their obligation. Secondary objectives are to identify the different factors between recipients who remain in their MUA and those who do not and the impacts of awards on recipients who remain in their MUA.

The survey was sent to two cohorts: the 2020 baseline cohort and the one-year and 18Q cohorts. The 2020 baseline cohort consisted of 248 recipients who completed their programs in July 2020, and their survey asked a maximum of five questions. The one-year cohort consisted of 75 recipients from the 2019 baseline cohort, and their survey asked one question. If they responded to the single question, they received a follow-up survey with 18 questions and moved from the one-year cohort to the 18Q cohort. The 2019 survey was sent to recipients of the Advanced Practice Healthcare Loan Repayment Program (APHLRP), the Advanced Practice Healthcare Scholarship Program (APHSP), and the STLRP. The 2020 survey was sent to recipients of the APHLRP, BSNLRP, LVNLRP, and STLRP.

Seven days after the survey was originally sent to cohorts, staff sent a reminder email to those who had not responded. Fourteen days after the original contact, staff called those who had not responded. Twenty-one days after the original contact, staff sent a reminder email from the Board. Twenty-eight days after the original contact, staff again called those who had not responded. After 28 days, 131 individuals from the baseline cohort and 54 individuals from the one-year cohort had responded.

In reply to Board Member Rangel's query, Mr. Morris explained that recipients from one of the programs were not included in the survey due to a miscommunication between staff.

Mr. Morris continued his presentation, indicating the response rates for the 2020 and 2019 baseline cohorts were 52.8 percent and 73.5 percent respectively. The response rates for the 2020 and 2019 one-year cohorts were 72 percent and 49.1 percent respectively. The response rates for the 2020 and 2019 18Q cohorts were 79.6 percent and 51.2 percent respectively. The national average for this type of survey is approximately 25 percent. Most survey respondents received awards from the BSNLRP and STLRP and were female. Many of the respondents identified as Asian, Hispanic, or White.

Trustee Wright inquired if HPEF has ongoing contact with awardees to keep them engaged. In response to Board Member Ding's question, Mr. Morris advised that he could provide the response rates by program later, but he did not recall a significant difference among the programs.

Mr. Morris further stated individuals in the one-year cohort were considered retained if they were working in the same MUA for the same employer, in the same MUA for a different employer, or in any MUA in California. Individuals were considered not retained if they were working in California but not in an MUA or working outside California. The survey found a retention rate of 87 percent. The percentage of those who responded to the 2019 survey and who remained in an MUA after one year was 83.3 percent. The demographics of individuals in the 18Q cohort were similar for 2019 and 2020. The retention rate for the 18Q cohort is 91 percent. The retention rates for the APHLRP, APHSP, and STLRP were 92 percent 86 percent, and 83 percent respectively.

The personal factors for retention appear to be married with children and owning a home. However, the similarity or dissimilarity of the community where individuals grew up to their MUA and the distance between the MUA and where individuals were raised do not appear to be factors for retention. The distance between the MUA and where individuals received their education and training and having 50 percent or more of patients not speaking English as their first language seem to be factors for retention.

In answer to Board Member Ding's query, Mr. Morris related that the survey respondents determined whether communities were similar or dissimilar. President Moghavam referred board members to the presentation appendix for the questions contained in the survey.

Board Member Dow noted that most survey respondents are not working within 10 miles of where they were raised.

In answer to Ms. Landsberg's question, Mr. Morris reported he explored the 2019 survey respondents' ability to speak multiple languages with their responses to retention if 50 percent of patients do not speak English as a first language and did not find an effect. Board Member Wright believed the Board could assume the individuals speak multiple languages based on the distance between the MUA and where individuals grew up not affecting retention.

Mr. Morris concluded his presentation with next steps of conducting additional analysis of current data and preparing for the 2021 survey.

In reply to Board Member Ding's queries, Mr. Morris indicated staff is thinking of analyzing response bias by including the number of non-responders in the data. Not retained means the individuals stopped working in an MUA after completing their service obligation.

In response to President Moghavam's inquiry, Mr. Morris related that staff is planning follow-up surveys for one, three, and five years.

In answer to Board Member Wright's questions, Mr. Morris advised that the intent of the survey is to learn about factors that induce healthcare workers to remain in MUAs. Based on the data and some additional analysis, staff hopefully could develop program, community, and employer actions to increase retention. Because of the small sample size, the analysis may not be accurate. More responses from individuals who are not considered retained would benefit the analysis. Ms. Rizell indicated recipients provide periodic updates to staff to ensure they are fulfilling their service obligations. President Moghavam added that the data can help HPEF advocate for programs that build pipelines.

In reply to Board Member Rangel's inquiry, Christopher Krawczyk, OSHPD Research Scientist Manager, stated staff considered analyzing retention data further back than 2019. The challenges are locating recipients who were not retained and selection and participation bias. Therefore, the decision was made to conduct the survey prospectively and to obtain a high response rate.

President Moghavam remarked that the good relationships between recipients and Program Officers are reflected in the response rate. The Board has discussed utilizing alumni more, and a framework for that could help promote HPEF and its programs.

AGENDA ITEM 7: Finance Committee Report

Board Member Hendry advised that the Finance Committee, HPEF staff, OSHPD staff, and the auditor's firm have met five times since the November Board meeting. In a meeting on January 8, 2021, the auditor advised that he did not know when the audit would be ready. However, the auditor also stated HPEF can expect a draft audit within two to four weeks of a seven-page list of items being completed. The audit is at least 30 days behind based on the agreement between the auditor and HPEF. The reason for the delay is adjustments. In addition, some foundational work needs to be completed. Another status call is scheduled for January 15, 2021. He thanked Board Member Ding for his incredible contribution to the work on the financial documents.

Board Member Ding remarked that the Finance Committee is working on developing good financial hygiene and habits to build the foundation necessary for HPEF's compliance with financial reporting requirements and to develop tools for the Board's oversight of HPEF finances. The fiscal year ended June 30, 2020, and the Finance Committee was scheduled to review the draft audit report in December with the preliminary findings presented to the Board in the current meeting. The date the Board will receive the preliminary audit report is unclear. The Finance Committee is attempting to ensure past problems are not repeated in the current audit, but there is some risk they will be repeated. The challenges are capability and capacity of accounting staff. Nonetheless, staff is working hard with the Finance Committee and the auditors and is making material progress on the audit. Previously, the Board discussed not being sufficiently involved in the process, but the Finance Committee has participated in standing meetings and engaged with the auditor. He sincerely hoped the Board would receive the preliminary audit for its meeting in March 2021.

At the November 2020 meeting, the Board reiterated its need for regular financial reporting to fulfill its fiduciary responsibilities. Staff has provided board members with some financial information, even though it is not the anticipated quarterly report. The information is not yet a functional financial document, but the Finance Committee is working toward a standardized report that is current, helpful, and actionable. The Finance Committee will continue working with staff to prepare standard financial documents.

Monica Erickson, OSHPD Deputy Director-Administrative Services Division, related that staff's focus is completing the audit. At the current time, only one item from the seven-page list needs to be provided to the auditor. To prepare the quarterly financial information for the Board, staff needs to close the books monthly. Staff is cleaning up financial items for both HPEF and OSHPD caused by the transition to FISCAL. The financial documents may look a little strange in some years, but staff will explain the information to the Finance Committee.

Board Member GnanaDev noted the financial information does not contain any explanation. HPEF's financial information is different from standard documents because it is a hybrid of a government agency and a nonprofit. Ms. Rizell remains involved and appreciated the Finance Committee's engagement and feedback regarding the audit.

In answer to Board Member Dow's questions, Ms. Rizell indicated one HPEF grant expires in three years, and another expires in five years. President Moghavem advised that HPEF needs resources to apply for large grants that will propel it forward. HPEF's programs have depended on a few large gifts over the past few years. Board Member Ding added that good financial information is vital to planning for sustainability and fundraising. Board Member Hendry commented that the financial audit is HPEF's report card, and grantors will review the audit.

President Moghavam reported he and Ms. Rizell have maintained contact with HPEF's large donors. Donor management needs to be institutional. The Development Committee believes approaching prospective donors is not appropriate because HPEF does not have the resources to follow through. Hopefully, contact with prospective donors can begin in the next few months.

In reply to Board Member Lakhan's query, President Moghavam advised that HPEF has not approached pharmaceuticals for donations or grants. Unfortunately, HPEF is missing opportunities created by the pandemic.

Board Member Wright believed the financial documents should be put in order as quickly as possible because HPEF is missing opportunities and prospective donors will want to see them.

President Moghavam was excited by the progress made in the last year on the financial documents. Hopefully, the audit report will be both clean and available in March 2021.

AGENDA ITEM 11: Review and Approval of Advisory Committee Applicants

President Moghavam recalled the Board's wish to review applicants for advisory committees. Three applications have been submitted since the November 2020 Board meeting. HPEF solicited the applications from community partners. He recommended Ms. Patel for the LMHSPEP advisory committee, Ms. Morales for the STLRP advisory committee, and Ms. Wong for the nursing programs advisory committee.

Board Member Hawkins remarked that the applicants seem suited for advisory committees.

Board Member Ding wanted to ensure there is existing infrastructure for the roles of advisory committee members. President Moghavam advised that a list of responsibilities, requirements, and expectations for advisory committee members is available on the HPEF website. Ms. Rizell and Program Officers are engaging with advisory committees to help with advertising the programs. Staff will invite Dr. Clark Harvey and others to apply.

In reply to Board Member Hawkins' query, President Moghavam indicated advisory committee members do not receive compensation.

Motion(Lakhan), Second(Ding), to approve Ms. Patel for the Licensed Mental Health Services Provider Education Program advisory committee, Ms. Morales for the Steven M. Thompson Physician Corps Loan Repayment Program advisory committee, and Ms. Wong for the nursing programs advisory committee. Motion approved with six in favor and two abstentions.

AGENDA ITEM 12: HPEF Board of Trustees Strategic Planning Update

President Moghavam reported interviews with stakeholders have begun. The Development Committee was asked to contact funders and potential funders for interviews. Hopefully during the March meeting, the Board can have a robust discussion of sustainable funding and development planning. If necessary, a non-voting special meeting may be called to discuss strategic planning.

AGENDA ITEM 13: Directors and Officers (D&O) Insurance Update

President Moghavam advised that Ms. Rizell is working with insurance companies to obtain quotes. For new board members, he noted board members have questioned whether they have

personal liability for actions taken by the Board. The Legal Department previously advised the Board that, unlike a traditional 501(c)(3) nonprofit agency, board members' liability is probably minimal. The Board decided to obtain quotes for D&O insurance before committing to obtaining D&O insurance.

AGENDA ITEM 14: HPEF Executive Director and Outreach Director Search Update

President Moghavam related that Board Member Dow and he have interviewed prospective applicants and are excited about certain applicants. The Governor's Office is also excited about certain applicants. He indicated he spoke with the Governor's Office last week and emphasized that filling the Executive Director position is a high priority for the Board. Seats for two board members are currently vacant. With Ms. Landsberg's appointment as OSHPD Director, the appointment team is likely in a position to give some attention to the Executive Director position.

AGENDA ITEM 15: Agenda Items for the Next Board Meeting

President Moghavam anticipated the Finance Committee's report will take more time than usual. Additional agenda items include proposed changes to the Bylaws and pro forma items. He suggested the Board approve Bylaws at the next meeting and elect a Vice President at the following meeting.

Michelle Church-Reeves requested an item for Bagley-Keene training and Form 700 reporting. President Moghavam suggested a special meeting for new board members to receive Bagley-Keene training. Board members who want a refresher course could attend as well. Form 700 will be placed on the next agenda.

In reply to Board Member Wright's question, Ms. Church-Reeves agreed to provide Form 700 information within the week as new board members need to submit Form 700 within 30 days.

AGENDA ITEM 16: General Public Comment

None

AGENDA ITEM 17: Adjournment

President Moghavam thanked board members for their time and attention and appreciated their insights and interest in the great work of HPEF. The Board is making progress and faces a great 2021. He adjourned the meeting at 2:00 p.m.